

LINE ITEM INVOICE

CONTRACTOR	CONTRACT NUMBER
Life Resource of Georgia, Inc.	40500-040-17172496
CONTRACTOR CONTACT NAME	CONTRACTOR CONTACT PHONE NUMBER
Christina Middleton	678-622-5947
Electronic Funds Transfer? <input type="checkbox"/> Yes (Authorization for EFT must be attached or on file) <input type="checkbox"/> No	

Remit Invoices to:

Georgia Department of Public Health
 Attn: Diane Durrence, APRN, MSN, MPH
 2 Peachtree Street, NW, Suite 11-212
 Atlanta, GA 30303
 Phone: 404.657.2742
 E-mail: Diane.Durrence@dph.ga.gov

Type of Expenses	Approved Budget	Month of _8- 11_____ Expenditures	Prior Cumulative Contract Expenditures	Balance of Funds
A. Personal Services (Salaries)	\$115,000.00	12,916.66		102,083.34
B. Regular Operating	\$20,000.00	10,373.32		9,626.68
C. Travel	\$12,000.00	752.86		11,247.14
D. Equipment	\$3,000.00	0		3,000.00
E. Facility Costs	\$30,000.00	3,000.00		27,000.00
F. Per Diem/Fees	\$0.00	0		
G. Telecommunications	\$2,400.00	54.93		2,345.07
H. Other-specify: Grant Meeting/Orientation/Training Expenses	\$7,000.00	746.14		6,253.86
I. Provider Costs—Reimbursement of allowable costs up to the approved budget amounts as invoiced by providers for Pregnancy Support Services to Eligible Clients, including Pregnancy Support Services that are provided through a third-party vendor	\$2,810,600.00			
TOTAL	\$3,000,000.00	27,843.91		2,972,156.09